

# A Blueprint for Community Renewal

goodworks

All great communities start with Good Works"



Office of Faith-Based and Community Initiatives



**Good Works Indiana** is a model for cities and towns that mobilizes the full energy of government to support the community-building work of value-shaping institutions:

# Churches, Neighborhood Associations, Community-Based Agencies

Who are uniquely designed to support families, provide activities for children, and enhance community renewal.



### **Good Works Guiding Principles**

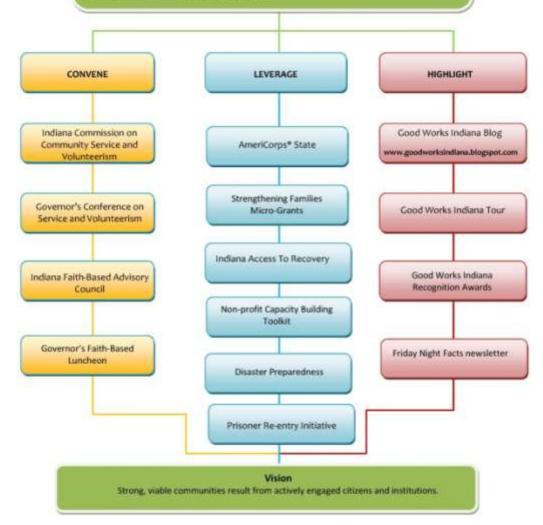
☐ Local pains are best healed with local hands.
☐Sustainability is best achieved through community capacity-building.
☐There is always a solution to a problem.
☐A disaster is not the time to hand out business cards.



#### **GOOD WORKS INDIANA**

#### Mission

Indiana enjoys a rich tradition of Hoosiers working together for the common good. In that spirit, the mission of the OFBCI is to: <u>convene</u> individuals, governments, nonprofits, businesses, faith-based organizations, and philanthropies in recognizing shared concerns and acting as partners to solve public problems and create public value; <u>feverage</u> public and private resources to seed and sustain innovative and high quality local initiatives; <u>highlight</u> the good works of Hoosiers and their communities as best practices.





# Key Objectives for the Indiana Faith-Based Advisory Council

- 1) Convenes quarterly meetings to hear testimonies from various grassroots faith-based and community based programs from across the state of Indiana.
- 2) Combine the testimonials from community and faith-based groups with the Commission members' observations to create the **Governor's Good Works Indiana (GWIN) Commission Report**.
- 3) Host the Governor's Faith-Based Leaders Luncheon. IFBAC will present the GWIN Commission Report to the Governor at this event and join the Governor in recognizing promising programs.
- 4) Work with the Executive Director to create a statewide faith-based response/recovery network that will work with the OFBCI and Department of Homeland Security in times of disaster.







# All great communities indiana start with Good Works



Office of Faith-Based and





# Good Works Indiana Strengthening Families Fund

≈ 2010 Grant Program <</p>

From the Office of Faith-Based & Community Initiatives



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Welcome



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practices.

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## **GWIN** Purpose

Good Works Indiana seeks to encourage the full energy of the State of Indiana to enhance the community building work of faith-based organizations, neighborhood associations and other value-shaping institutions — the organizations that are uniquely designed to support families, provide activities for children and strengthen community renewal. Grants will be made through the Good Works Indiana Strengthening Families Fund (GWIN-SFF) to support employment related services for low-income families with children. Suggested services can include: Transportation assistance to employed families, after school care to employed families, and employment and training services. Grant recipients agree to adhere to TANF (Temporary Aid to Needy Families) per Federal guidelines.



## **Key Information**

- Any State of Indiana community-based or faithbased organization is eligible if they provide services to assist low income families in:
  - job readiness
  - job maintenance
  - job enhancement
- Grants are Reimbursements from \$5,000 \$10.000



## Do's

- Use data in your application
- Ask questions
- Keep records of client data
- Keep narrative information & be ready to tell the story about those you helped
- Plan to extend your reach into the community



## **Suggested Services**

- Transportation or shuttle services
- After school care
- Résumé writing workshops
- Computer training
- Interviewing skills
- Employment training
- Reentry transition skills



## Don'ts

(GWIN-SF Grants will NOT be awarded for the following)

\* Funds used as debt relief

\* Medical assistance of any kind

\* Incomplete/Inaccurate applications

\* Strictly social events

\* Physical improvements to property \* Administrative costs exclusively

\* Individuals applying or having a direct benefit

\* Salary reimbursements over 25% of total funds (\$2,500 of a \$10,000 request)

Note: OFBCI accepts one proposal per organization per cycle. OFBCI awards one grant per year per organization.



## Don'ts

### (GWIN-SF Grants will NOT be awarded for the following)

- \* Applications non-compliant with Federal TANF guidelines
- \* Funds that have no direct impact (i.e. funding part of \$3 million project
- \* Cash assistance of any kind cash, payments, vouchers, or any other form of payment designed to meet a family's on-going basic needs (i.e. for food, clothing, shelter utilities, household goods, personal care needs and general incidental expenses)
- \* Programs or activities without logical or direct employment support for low income families

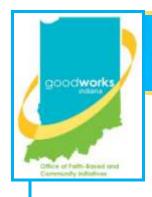
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OFBCI awards one grant per year per organization.



## **About TANF Guidelines**

- A client receiving state aid is TANF eligible
- Designed to promote employment using:
  - transportation
- child care
- training
- For individuals with dependent(s)
- PROHIBITED SERVICES
  - Medical assistance or cash assistance of any kind
  - No vouchers, checks, or any other form of payment



## **Please Note**

- OFBCI will need to adhere to guidelines
- We need everyone to adhere to the guidelines as well
- OFBCI reserves the right to withhold funds from unapproved activity
  - Ex: Unapproved salary expenses



## **Application Deadlines**

March 30 / May 30 / July 30

\*Applications must be postmarked by these dates! Incomplete applications will not be considered.

## **Awards Granted:**

April / May / August



#### **INSTRUCTIONS**

Please read the application very carefully. You must respond to ALL items on the application. Incomplete applications will not be accepted. In addition to the information requested, please provide brochures, pamphlets, media articles or other materials describing your organization or program. Letters of support from collaborating agency and community leaders also will be accepted.

#### I. BACKGROUND INFORMATION

Name of Organization:	4				
Contact Person/Title:					
Address:		City	State		
Zip:	County	Telephone:			
E-MAIL:	Website:				
For informational purposes:  • Is your organization a recipient of an AmeriCorps*State grant?					

Is your organization a recipient of an Access to Recovery (ATR) grant?\_\_\_\_\_



FOR THE FOLLOWING QUESTIONS ON PROGRAMMATIC DESIGN, PLEASE ANSWER ON ADDITIONAL PAPER:

QUESTION 1: Please clearly describe your organization's mission, vision, and objectives.

QUESTION 2: How would a \$5,000-\$10,000 micro-grant assist your agency's ability to provide services to TANF eligible families? (Please be as detailed as necessary and include tangible fund leveraging capabilities – the resources you bring to the table, monetarily, in-kind, and in collaborative support).

QUESTION 3: How many <u>additional</u> families (as both a <u>percentage</u> and <u>actual numbers</u>) would be served as a result of this micro-grant?

QUESTION 4: How would you sustain your program/program expansion after an initial micro-grant funding? (Please be provide a plan)

QUESTION 5: Please describe your measureable outcomes and plan of evaluation.

# GOODWorks installs

#### **BUDGET FORMAT:**

Item	Funds from Grantee	GWIN-SF Grant	Other Support	Total
Ex. Resume Help	\$ 100.00	\$ 150.00	\$ \$50.00 (donor)	\$300.00
(books)	+	+	<u> </u>	
	\$	\$ +	\$	\$
	+	4	<u> </u> =	
	\$	\$ +	\$	\$
	+		<b> </b> =	
	\$	\$ +	\$	\$
	+		=	
	\$	\$ +	\$	\$
	+		=	
	\$	\$ +	\$	\$
	+		=	
Totals	\$	\$ +	\$	\$
	+		=	

#### **BUDGET JUSTIFICATION FORMAT:**

Line Item	Justification of requested dollars (break down quantity/co			
Resume Improvement 101	(Books) Reusable for resume workshops, Qty: 30 at\$10/each			
	NOTE: Here is where you should be sure to use blue			
Total Project Cost: Amount Requested:				
SIGNATURE:				



# PREPARING AN EFFECTIVE BUDGET

A presentation by the

OFFICE of FAITH-BASED and COMMUNITY INITIATIVES





# BUDGETING FOR ACCOUNTABILITY

Preparing the grant budget is an important part of the overall grant application process. Grant budgets are a requirement of the grant application and will eventually be the guideline for calculating allowable grant expenses.

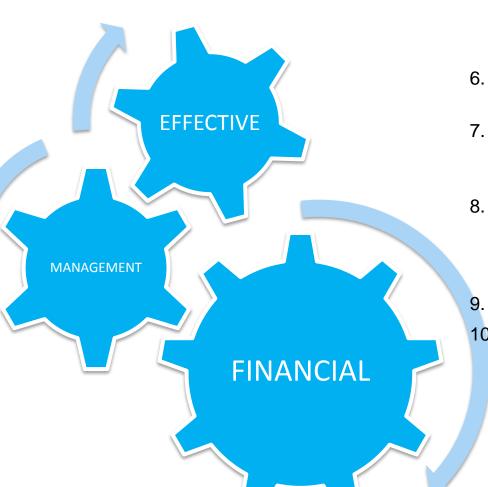


## **QUESTIONS TO CONSIDER**

- Does my organization have the capacity to manage a federal grant?
- Does my organization have the requisite matching funds (in-kind and cash)? If no, are resources available in my community to support this grant?
- Is my organization comprised of staff who possess the expertise to manage the fiscal aspects of this grant?



- Regulatory Requirements.
- Written Policies and Procedures.
- Documentation of Expenses.
- 4. Managing Cash.
- 5. Efficient Accounting System.



- Budget Controls.
- Time and Activity Documentation.
- 8. Matching
  Requirements
  and In-Kind
  Contributions.
- 9. Reporting.
- 10. Internal Controls.



# THE BUDGET IS A REFLECTION OF YOUR ORGANIZATION.

It is critical when creating a grant budget that it be consistent with the overall organization and its operational costs. The budget is an integral part of an organization's sound financial management practice.

Proposed expenditures should be <u>**REASONABLE**</u> and <u>**NECESSARY**</u>.



### FINALLY, THE PROJECT BUDGET SHOULD BE:

### **REALISTIC**

A realistic budget reflects expected program revenues and expenses. Understand the strengths and weaknesses of your organization and its capacity to carry out program activities. Also, be sure the budget is uniquely tailored to the program and its regulations, and not just a copy of another grant program's budget.

### **CONSISTENT**

The budget must be consistent and aligned with organizational goals and objectives. Given the limited resources of most organizations, each dollar the organization spends must impact specific program and organizational outcomes.

### **FLEXIBLE**

A budget must also be flexible. An organization's financial and operating circumstances can often change. Most organizations must have a budget that can absorb lower than expected revenue and higher than expected program costs. Think of budgeting as not just an annual process, but an ongoing review of activities and actual cost monitoring as well. This way, shortfalls or unexpected costs can be addressed proactively.



## Good Works Indiana Strengthening Families Grant (GWIN-SF) Application Checklist

Submit ONE MASTER COPY of your proposal including prerequisite items 1-8 in the order listed.

Feel free to check off items provided below. Please staple this itemized checklist to the top of the master copy.

#### **APPLICATION PREREQUISITES:**

1.	Completed Background Information
2	Board list with names and addresses of officers
3	Articles of Incorporation and/or By-Laws
4	Secretary of State or IRS ruling of tax exemption
5	State Vendor Information Form (SF-53788)
6	Schedule of Implementation / Program Timeline
	Detailed budget of the described program  MUST BE SIGNED WITH BLUE INK (An original signature – no photocopies)
8	Bids/quotes/estimates that substantiate your proposed budget
9	Answers to all five "QUESTIONS ON PROGRAMMATIC DESIGN"
10	At least one <b>letter of endorsement or document substantiating programs</b> (i.e. letter from a collaborating partner, neighborhood association, local congregation, local business, news article, etc.)



## **Obligations as a Grantee**

- Make sure your organization is registered with the Secretary of State's office
- Complete State Vendor Application
- Complete Grant Agreement
- Data Reporting
- File Reports



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### Office of Faith-Based & Community Initiatives

OFBCI > Good Works Indiana > Grantee Resources

#### Grantee Resources

Client Data Survey

TANF Guidelines JA

General Advice & Instructions for Reporting | | |

Expected Grantee Timeline - GWIN-SF Order of Events M

Vendor Information (State Form 53788)

TANF Eligibility Checklist [A

Client Data Survey (Word Document) | |







- Event Registration

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NATIONAL NETWORK



## **STATE FORM** 53788

#### Reset Form



Name and to document in	elephone number sust be provided.	of the Person who completed th	is
Name:			L
Daytime Tel	ephone Number:		

Vendor Informati State Form 33788 (12-08) Approved by Auditor of State Approved by State Board of	, 2008	Name: Daytim	e Telephone Nu	mber:	
Send completed form to Au	ditor of State, 240 Statehouse, 20	00 W. Washington St., 1	Indianapolis, i	IN 46204 or fax to (317) 234-	1916
Post or Type Legal Name (OWNER OF THE EIN OR S	SIN AS NAME APPEARS ON YOUR TAX	(RETURN, DO NOT ENTER T	HE BUSINESS NA	ME OF A SOLE PROPRIETORSHIP ON	THIS LINE )
Trade Name (Doing Business as Na	me D/B/A) (Complete only if pays	nent is to be made payab	le to the DBA	name)	
Remit Address					
Purchase Order Address - Optional					
Enter 9-digit Taxpayer Identifica (SSX=Social Security Number, EfX=Employer Ide	tion Number (TIN) of the legal nanfication Number)				
(Individual's SSN)  Check legal entity type (A box mu		or	EIN		
Estate / Trust Note: Show     Other [Limited Liability Cor     Corporation Do you prot     Government (or Government     Organization Exempt from T	npany (LLC) (attach IRS Form ride legal or medical services? t operated entity)	8832 if applicable), J			
One box must be checked	I am a U.S. Person (including a U.S. re	sident alien) I am p	ot a U.S. Person	(a W-8 must be filled with the Aud	itor of State)
Add Deposit Change Depo SECTION 1: AUTHORIZATION	sit <u>Indiana law (I.C. 4-13-2-14.8) re</u>	quires that YOU receive P	AYMENT(S) b	y means of electronic transfer of	funds.
	ng (Demand) Sav	Account Number			e e
	IITUTION'S APPROVAL (Attach a below agrees to accept automated depo			tution complete this section)	ATTACH
Name of Financial Institution:  Telephone: ()  Address:  Number an  City, State,	5 50 51 Yes 15 132	=======================================			ATTACH VOIDED CHECK HERE
Address:Number an	d Street, and/or P.O. Box No.	Financi	al Institution's A	Authorized Signature	HECK)
City, State,	and Zip Code (00000-0000)		Title	_20	TERE
ABA Tran	sit-Routing Number	<del></del>	Date		
SECTION 3: ELECTRONIC NOTIFIC (Complete this section only if you are request I hereby request that all future notices of	ng electronic notification. You may provide	up to four email addresses.)		ddresses:	
I agree to the provisions contained on th	e reverse side of this form				
NAME (Print or Type)		TIT	LE		-
AUTHORIZED SIGNATURE		DATE		PHONE	î



## **Mandatory Data Reporting**

- This data is required by federal law
- Electronic is better
- Reporting this data is basic information
- Collecting data is good for your Organization
- May submit data collection on paper if electronic reporting is not possible



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Funding Opportunities	*Mandatory
Resources for Faith-Based & Community Organizations	→ ^Reporting Grantee (City or Town / Organization Name):
Volunteer	
Contact Us	Reporting Sub-Grantee (Applicable to Cities & Towns):
2009 Governor's Conference	
2009 Governor's Awards Partners & Initiatives	*Last Name:
	^Middle Initial:
Give. Receive. Mentor.	*Address:
LIVES COMMUNITIES HARE NETWOR	
	*State:
POINTS Indian	'Zip Code:



# Self-Reporting Data

- Demographics
- Marketing Data
- Good for your Org!
- Not mandatory, but very important
- Some extra info is better than none

(help us improve our outreach!)	
Age:	
Marital Status: ○ Single ○ Married ○ Divorced/Widowed	
Sex: © Female © Male	
Female Head of Household: C Yes C No	
Number of Children and Ages	
	<u>*</u>
Race/Ethnicity: ○ Hispanic/Latino ○ Asian ○ Black/African American ○ Native Hawaiian/Pacific Islander ○ White/Caucasian	
Highest Education Level Completed: Collage: ○ Associates Degree ○ Bachelors Degree ○ Additional High School: ○ Some High School ○ G.E.D. ○ Diploma	
Profession:	
Household Income Range:  \$\infty\$ \\$0-10,000 \Circ\$ \\$10,001-20,000 \Circ\$ \\$20,001-30,000 \Circ\$ \\$30,001-40,000 \Circ\$ \\$40,001-50,000 \Circ\$ \\$50,001-60,000 \Circ\$ \\$60,000+  *Client Narrative: How the GWIN-SF grant made a difference	
	^

Self-Reporting Data



## **Self-Reporting Data**

- 1 out of 5 Orgs do not collect data
- Essential to internal evaluation
- Can be used in marketing
- If there are problems or questions about obtaining data, talk with another org, talk with a business or feel free to contact OFBCI



## Reimbursements

- Must fill out necessary paperwork within 9 business days of awardee notification
- MUST use vendor reimbursement form
  - State Form 53788
  - Direct Deposit to an account used exclusively for the grant monies
- May take 35 days from date of report submission



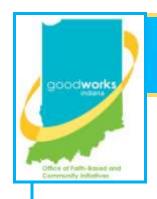
## **Other Guidelines**

- Keep requests between \$5,000 \$10,000
- Plan collaborations to complement your programming
- Allow this to be a relationship-building and community-building experience
- If you provide a cover letter, attach before programmatic questioning



## Other Guidelines continued

- Feel free to provide up to 3 letters of endorsement or substantiating documents
- Plan your program sustainably
- Account for all your leveraging
- Spread the word about the grant



## **Reimbursement Process**

\* First Report -> Reimbursement allocation (please Plan for monthly reports)

A completed report includes the following:

- Invoice / Request for Funds
- Summary of the grant project(s) / Detailing of significant events
- Related marketing materials / Photos of project activities



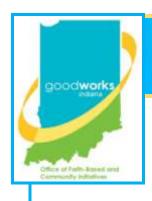
## **FAQs**

Q: Can I turn my application in via email?

A: Yes, we encourage this for speed of consideration, but we **REQUIRE** a hard copy with signature(s)

Q: Do I need receipts to get reimbursement, or will a journal do?

A: You will ALWAYS need receipts



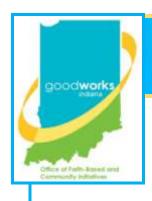
## FAQs continued

Q: If we need help to develop capacity, can we partner with another organization?

A: Definitely! Collaboration with neighbors is an important part of community-building

Q: Can I share the application with other organizations that may be interested in applying?

A: Definitely. This is budget-friendly marketing



## FAQs continued

Q: Do families have to be enrolled in TANF to help them?

A: No, they just have to be eligible.

Q: Does the grant support programs that help both the unemployed and the underemployed?

A: Yes, as long as they are TANF eligible.



## FAQs continued

Q: Does participating in this program prohibit our Org from giving clients items in-kind?

A: No, feel free to give. By law, this grant may not reimburse for such forms of cash assistance

Q: Can faith-services be coupled with this grant's application?

A: Only with separation of time and place.



## **Your Questions?**



# Derek Trovillion Community Outreach Coordinator

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